

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		08-20-01
O.I.P.E. CLASSIFIER			10 8-27-01
FORMALITY REVIEW	Ajed	670	9-24-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1 ✓	✓
2 ✓	✓
3 ✓	✓
4 ✓	✓
5 ✓	✓
6 ✓	✓
7 ✓	✓
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36 ✓	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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